

July 2014 Revised



Mayor  
Dan Sullivan

## Anchorage Water & Wastewater Utility

### Treatment Division



Board Chair  
David M. Richards

August 25, 2014

U.S. Environmental Protection Agency, Region 10  
NPDES Compliance Unit  
1200 Sixth Avenue, OW-133  
Seattle, Washington 98101

**Subject: Revised Discharge Monitoring Report for July 2014**  
**NPDES Permit No. AK-002255-1**

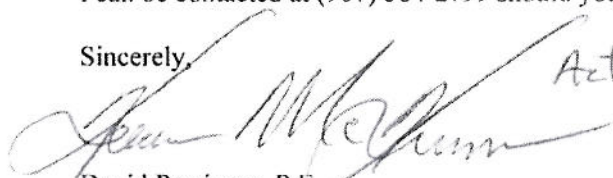
After submitting the previously completing Discharge Monitoring Report (DMR) for July 2014 it was discovered there were additional compliance data not included in the summary calculations reported for the July 1 through July 31 compliance period. All previously missing data has now been uploaded to AWWU's Hach Water Information Management System (WIMS) and all final reported values recalculated. All compliance values reported on this revised DMR are within the permit limits. The Sanitary Sewer Overflow Report and Whole Effluent Toxicity Report included with the original July 2014 DMR submittal are not being resubmitted with this revised DMR.

Please accept the attached revised DMR for the July 1 through July 31, 2014 monitoring period.

*"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."*

I can be contacted at (907) 564-2799 should you have any questions.

Sincerely,

 Acting for Director

David Persinger, P.E.  
Director, Treatment Division

Cc: Alaska Department of Environmental Conservation, Division of Water  
Jeff Axman, Superintendent, John M. Asplund WPCF - AWWU

Anchorage Water & Wastewater Utility  Clearly

3000 Arctic Boulevard • Anchorage, Alaska 99503  
Phone 907-564-2799 • Fax 907-786-5681 • [www.awwu.biz](http://www.awwu.biz)



## DISCHARGE MONITORING REPORT (DMR)

Form Approved.  
OMB No 2040-0004NAME: ANCHORAGE, MUNICIPALITY OF  
ADDRESS: 3000 ARCTIC BLVD.  
ANCHORAGE, AK 99503-3898AK0022551  
PERMIT NUMBER001 A  
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 99503

MAJOR  
(SUBR02)

External Outfall

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form

FACILITY: JOHN M. ASPLUND WWTF----301 (H

LOCATION: ANCHORAGE AK 99502

ATTN: J. Brett Jokela, P.E., GENERAL MGR. AWWU

FROM

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
14	07	01	TO	14	07 31

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM		MINIMUM	AVERAGE	MAXIMUM				
TEMPERATURE, WATER DEG. CENTIGRADE 00010 1 0 0	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	15.5	Deg C	N/A	FOUR/ WEEK	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT MAXIMUM			FOUR/ WEEK	GRAB
TEMPERATURE, WATER DEG. CENTIGRADE 00010 G 0 0	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	16.6	Deg C	N/A	FOUR/ WEEK	GRAB
RAW SEW/INFLUENT	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT MAXIMUM			FOUR/ WEEK	GRAB
OXYGEN, DISSOLVED (DO) 00300 1 0 0	SAMPLE MEASUREMENT	*****	*****	****	0.7	*****	*****	MG/L	0	FOUR/ WEEK	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	REPORT MO MIN	*****	*****			FOUR/ WEEK	GRAB
BOD, 5-DAY (20 DEG. C) 00310 1 0 0	SAMPLE MEASUREMENT	37,783	49,830	LBS/DAY	*****	167	213	MG/L	0	FOUR/ WEEK	COMP24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	72100 MO AVG	90100 DAILY MX		*****	240 MO AVG	300 DAILY MX			FOUR/ WEEK	COMP24
BOD, 5-DAY (20 DEG. C) 00310 G 0 0	SAMPLE MEASUREMENT	67,244	*****	LBS/DAY	*****	>309	*****	MG/L	0	FOUR/ WEEK	COMP24
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	*****		*****	REPORT MO AVG	*****			FOUR/ WEEK	COMP24
BOD, 5-DAY (20 DEG. C) 00310 W 0 0	SAMPLE MEASUREMENT	*****	42,370	LBS/DAY	*****	*****	176	MG/L	0	FOUR/ WEEK	COMP24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	75100 WKLY AVG		*****	*****	250 WKLY AVG			FOUR/ WEEK	COMP24
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	****	6.8	*****	7.3	SU	0	FOUR/ WEEK	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.5 MINIMUM	*****	8.5 MAXIMUM			FOUR/ WEEK	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER											
David Persinger, P.E.		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.						TELEPHONE		DATE	
Director, Treatment Division		Acting						907	564-2799	14	08 21
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT						AREA CODE	NUMBER	YEAR	MONTH DAY

COMMENT AND EXPANATION OF ANY VIOLATIONS (Reference all attachments here)

The final effluent autosampler is normally taken off line on Saturdays, Mondays, and Wednesdays for line cleaning and pigging for approximately 0.75 hours each time; the composite samples for BODs TSS, etc. may therefore be slightly less than a 24HC on these days.

PERMITTEE NAME/ADDRESS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

## DISCHARGE MONITORING REPORT (DMR)

Form Approved

OMB No. 2040-0004

NAME: ANCHORAGE, MUNICIPALITY OF

ADDRESS: 3000 ARCTIC BLVD.

ANCHORAGE, AK 99503-3898

AK0022551

001 A

PERMIT NUMBER

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 99503

MAJOR

(SUBR02)

External Outfall

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form

FACILITY: JOHN M. ASPLUND WWTF---301 (H)

LOCATION: ANCHORAGE AK 99502

ATTN: J. Brett Jokela, P.E., GENERAL MGR. AWWU

FROM

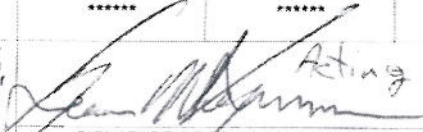
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
14	07	01	TO	14	07 31

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM		MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****	****	7.0	*****	7.6	SU	N/A	FOUR/ WEEK	GRAB
00400 G 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	REPORT MAXIMUM			FOUR/ WEEK	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	13,147	16,453	LBS/DAY	*****	58	72	MG/L	0	FOUR/ WEEK	COMP24
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	51000 MO AVG	57000 DAILY MX		*****	170 MO AVG	190 DAILY MX			FOUR/ WEEK	COMP24
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	66,818	*****	LBS/DAY	*****	305	*****	MG/L	0	FOUR/ WEEK	COMP24
00530 G 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	*****		*****	REPORT MO AVG	*****			FOUR/ WEEK	COMP24
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	13,693	LBS/DAY	*****	*****	63	MG/L	0	FOUR/ WEEK	COMP24
00530 W 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	54000 WKLY AVG		*****	*****	180 WKLY AVG			FOUR/ WEEK	COMP24
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****	****	*****	22.4	*****	MG/L	N/A	ONCE/ MONTH	COMP24
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	*****			ONCE/ MONTH	COMP24
FECAL COLIFORM, MPN EC MED, 44.5C	SAMPLE MEASUREMENT	*****	*****	****	*****	<5	*****	MPN/ 100ML	0	THREE/ WEEK	GRAB
31615 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	850 MO GEO	*****			THREE/ WEEK	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	27.235	*****	MGD	*****	*****	*****		N/A	CONT	RCORDR
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	*****		*****	*****	*****			CONT	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

David Persinger, P.E.  
Director, Treatment Division  
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.



SIGNATURE OF PRINCIPAL EXECUTIVE  
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

907  
AREA  
CODE564-2799  
NUMBER14  
YEAR08  
MONTH21  
DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

There was 1 Sanitary Sewer Overflows(SSO) during this reporting period. The SSO was reported verbally within 24 hours to the appropriate regulatory officials. See attached copy of original signed SSO reporting form for more details regarding this specific SSO.

PERMITTEE NAME/ADDRESS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

## DISCHARGE MONITORING REPORT (DMR)

Form Approved.

OMB No. 2040-0004

NAME: ANCHORAGE, MUNICIPALITY OF

ADDRESS: 3000 ARCTIC BLVD.

ANCHORAGE, AK 99503-3998

AK0022551

PERMIT NUMBER

001 A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 99503

MAJOR

(SUBR02)

External Outfall

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form

FACILITY: JOHN M. ASPLUND WWTF----301 (H

LOCATION: ANCHORAGE AK 99502

ATTN: J. Brett Jokela, P.E., GENERAL MGR. AWWU

FROM

MONITORING PERIOD								
YEAR	MO	DAY		YEAR	MO	DAY		
14	07	01	TO	14	07	31		

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM		MINIMUM	AVERAGE	MAXIMUM				
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	0.6	MG/L	0	EVERY 3 HRS	GRAB
50060 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	1.2			EVERY 4 HRS	GRAB
EFFLUENT GROSS VALUE							DAILY MX				
BOD, 5-DAY PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	****	46	*****	*****	%	N/A	Monthly	CALCTD
81010 K 0 0	PERMIT REQUIREMENT	*****	*****	****	REPORT MO AVG	*****	*****			Monthly	CALCTD
PERCENT REMOVAL											
SOLIDS, SUSPENDED REMOVAL	SAMPLE MEASUREMENT	*****	*****	****	81	*****	*****	%	N/A	Monthly	CALCTD
81011 K 0 0	PERMIT REQUIREMENT	*****	*****	****	REPORT MO AVG	*****	*****			Monthly	CALCTD
PERCENT REMOVAL											
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

David Persinger, P.E.

Director, Treatment Division

TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Acting  
  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

907  
AREA CODE564-2799  
NUMBER14  
YEAR08  
MONTH21  
DAY

COMMENT AND EXPANATION OF ANY VIOLATIONS (Reference all attachments here)

7011 3500 0001 9024 8849

U.S. Postal Service™ <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
OFFICIAL USE	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
<p>Postmark Here <b>AUG 26 2014</b></p>	
Send To	U.S. EPA, Region 10
Street, Apt. No., or PO Box No.	Attn: OCE-133
City, State, ZIP+4	1200 Sixth Avenue, Suite 900 Seattle, WA 98101
PS Form 3800, August 2006 See Reverse for Instructions	

7011 3500 0001 9024 8856

U.S. Postal Service™ <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
OFFICIAL USE	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
<p>Postmark Here <b>AUG 26 2014</b></p>	
Send To	AK Dept of Environmental Conservation
Street, Apt. No., or PO Box No.	Attn: Sherry Holm
City, State, ZIP+4	Division of Water 555 Cordova Street Anchorage, AK 99501
PS Form 3800, August 2006 See Reverse for Instructions	

English

Customer Service

USPS Mobile

Register / Sign In



Search USPS.com or Track Package

Quick Links

Ship a Package

Send Mail

Manage Your Mail

Shop

Business Solutions

## USPS Tracking™



Customer Service »  
Have questions? We're here to help.

Tracking Number: 70113500000190248856

## Product &amp; Tracking Information

Postal Product:

Features:  
Certified Mail™

DATE & TIME	STATUS OF ITEM	LOCATION
August 27, 2014, 10:42 am	Delivered	ANCHORAGE, AK 995
Your item was delivered at 10:42 am on August 27, 2014 in ANCHORAGE, AK 99501.		
August 27, 2014, 8:43 am	Out for Delivery	ANCHORAGE, AK 995
August 27, 2014, 8:33 am	Sorting Complete	ANCHORAGE, AK 995
August 27, 2014, 7:27 am	Arrived at Unit	ANCHORAGE, AK 995
August 26, 2014, 4:14 pm	Departed Post Office	ANCHORAGE, AK 995
August 26, 2014, 10:27 am	Picked Up	ANCHORAGE, AK 995

## Track Another Package

What's your tracking (or receipt) number?

Track It

## Available Actions

Text Updates

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com).

**OFFICIAL USE**

Postage \$  
Certified Fee \$  
Return Receipt Fee (Endorsement Required) \$  
Restricted Delivery Fee (Endorsement Required) \$  
Total Postage & Fees \$

Postmark Here

Aug 26 2014

Aug 27 2014

Sent To: Ak Dept of Environmental Conservation  
Attn: Sherry Holm  
Division of Water  
555 Cordova Street  
Anchorage, AK 99501

PS Form 3800, August 2008 See Reverse for Instructions

## LEGAL

© 2008 USPS  
This is a return receipt.  
It is not a receipt for the item.  
Return receipt is not a receipt for the item.

USPS.COM

www.usps.com

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ak Dept of Environmental Conservation  
Attn: Sherry Holm  
Division of Water  
555 Cordova Street  
Anchorage, AK 99501

2. Article Number  
(Transfer from service label)

7011 3500 0001 9024 8856

## COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

English

Customer Service

USPS Mobile

Register / Sign In



Search USPS.com or Track Packages

Quick Tools

Ship a Package

Send Mail

Manage Your Mail

Shop

Business Solutions

## USPS Tracking™



Customer Service »  
Have questions? We're here to help.

Tracking Number: 70113500000190248849

## Product &amp; Tracking Information

Postal Product:

Features:  
Certified Mail™

DATE & TIME	STATUS & TYPE	LOCATION
August 28, 2014, 2:24 pm	Delivered	SEATTLE, WA 9810
This item was delivered at 2:24 pm on August 28, 2014 in SEATTLE, WA 9810.		
August 28, 2014, 9:06 am	Out for Delivery	SEATTLE, WA 9810
August 28, 2014, 8:56 am	Sorting Complete	SEATTLE, WA 9810
August 28, 2014, 8:38 am	Arrived at Unit	SEATTLE, WA 9810
August 28, 2014, 4:17 am	Departed USPS Facility	SEATTLE, WA 9810
August 27, 2014, 5:38 pm	Arrived at USPS Facility	SEATTLE, WA 9810
August 26, 2014, 4:14 pm	Departed Post Office	ANCHORAGE, AK 9
August 26, 2014, 10:27 am	Picked Up	ANCHORAGE, AK 9

## Available Actions

Text Updates

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USPS

Postage	\$	AUG 26 2014 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	
Service <u>Rw. 7/13</u>		
Street, Apt. No., or PO Box No. City, State, ZIP+4		U.S. EPA, Region 10 Attn: OCE-133 1200 Sixth Avenue, Suite 900 Seattle, WA 98101

7011 3500 0001 9024 8849

## Track Another Package

What's your tracking (or receipt) number?

LEGAL  
 Return Policy  
 Privacy Policy  
 Terms of Use  
 Web Accessibility



Tracking

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

U.S. EPA, Region 10  
 Attn: OCE-133  
 1200 Sixth Avenue, Suite 900  
 Seattle, WA 98101

2. Article Number  
 (Transfer from service label)

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature [Signature] ☐ Agent ☐ Addressee
- B. Received by (Printed Name) Heum P
- C. Date of Delivery 8-28-14
- D. Is delivery address different from item 1? ☐ Yes ☐ No  
 If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

7011 3500 0001 9024 8849